SAMPLE NOTIFICATION LETTER FOR APPROVAL/DENIAL OF FREE AND REDUCED-PRICE MEALS

Dea	nr: Date::
You	r application for free and reduced price meals for your child(ren) has been:
	Approved for free meals.
	Approved for reduced-price meals at \$ for lunch and \$ for breakfast.
	Denied for the following reason(s):
	☐ Income is more than the allowable amount.
	Your application does not have enough information. The following information must be provided:
	Other_
	The above approval is temporary, until (specify date, not to exceed 45 calendar days after the date of eligibility determination, without recertifying the application). Ten days before the expiration date above, school officials will send you another application to complete and return. Upon receip of the new application, the school will reconsider your eligibility.
mer	s decision is based on your household reporting a monthly income of \$ and household mbers. If you do not agree with this decision, you may discuss it informally with [insert name and phone number o ool official(s)].
date	also have the right to request a hearing to appeal the decision. If your appeal is filed within ten days after the e of this letter, benefits will continue until the appeal is settled. To request a formal appeal hearing, write or call the son listed below:
	Name: Agency: Address:
	Phone:
goe Foo	our child is approved for free or reduced-price meal benefits, you must tell the school when your household income s up by more than \$50 per month (\$600 per year), or when your household size goes down. Also, if you list a d Stamp, CalWORKs, KinGAP, or FDPIR case number, you must tell the school when you no longer receive Food mp, CalWORKs, KinGAP, or FDPIR benefits.
you	may reapply for free or reduced-price meals at any time during the school year. If you are not eligible now, bur r income goes down, your family size gets larger, or you receive Food Stamp, CalWORKs, KinGAP, or FDPIF efits, you may submit an application at that time.
Sind	cerely,
(Sig	inature) (Title)